BROWN COUNTY HEALTH CARE CENTER/BAYVIEW-FDD

2900 ST. ANTHONY DRIVE

| GREEN BAY 54311              | Phone: (920) 391-4700 |     | Ownership:                        | County |
|------------------------------|-----------------------|-----|-----------------------------------|--------|
| Operated from 1/1 To 12/31   | Days of Operation:    | 365 | Highest Level License:            | FDDs   |
| Operate in Conjunction with  | Hospital?             | Yes | Operate in Conjunction with CBRF? | No     |
| Number of Beds Set Up and St | affed (12/31/03):     | 56  | Title 18 (Medicare) Certified?    | No     |
| Total Licensed Bed Capacity  | (12/31/03):           | 56  | Title 19 (Medicaid) Certified?    | Yes    |
| Number of Residents on 12/31 | ./03 <b>:</b>         | 55  | Average Daily Census:             | 58     |

| 3.6               |
|-------------------|
| 16.4              |
| 76.4              |
|                   |
| 96.4              |
| ****              |
|                   |
| ents              |
|                   |
|                   |
| 4.4               |
| 5.6               |
|                   |
| 49.2              |
|                   |
|                   |
|                   |
| 1<br>7<br>9<br>** |

## Method of Reimbursement

|                    |      | edicare<br>itle 18 |                     |     | Medicaid<br>'itle 19 |                     |     | Other |                     | P.  | rivate<br>Pay | :                   |     | amily<br>Care |                     |     | anaged<br>Care | l<br>               |                         |       |
|--------------------|------|--------------------|---------------------|-----|----------------------|---------------------|-----|-------|---------------------|-----|---------------|---------------------|-----|---------------|---------------------|-----|----------------|---------------------|-------------------------|-------|
| Level of Care      | No.  | olo                | Per<br>Diem<br>(\$) | No. | olo                  | Per<br>Diem<br>(\$) | No. | olo   | Per<br>Diem<br>(\$) | No. | olo           | Per<br>Diem<br>(\$) | No. | olo           | Per<br>Diem<br>(\$) | No. | olo            | Per<br>Diem<br>(\$) | Total<br>Resi-<br>dents | - Of  |
| Int. Skilled Care  | 0    | 0.0                | 0                   | 0   | 0.0                  | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Skilled Care       | 0    | 0.0                | 0                   | 0   | 0.0                  | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Intermediate       |      |                    |                     | 0   | 0.0                  | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Limited Care       |      |                    |                     | 0   | 0.0                  | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Personal Care      |      |                    |                     | 0   | 0.0                  | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Residential Care   |      |                    |                     | 0   | 0.0                  | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Dev. Disabled      |      |                    |                     | 55  | 100.0                | 183                 | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 55                      | 100.0 |
| Traumatic Brain In | j 0  | 0.0                | 0                   | 0   | 0.0                  | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Ventilator-Depende | nt 0 | 0.0                | 0                   | 0   | 0.0                  | 0                   | 0   | 0.0   | 0                   | 0   | 0.0           | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Total              | 0    | 0.0                |                     | 55  | 100.0                |                     | 0   | 0.0   |                     | 0   | 0.0           |                     | 0   | 0.0           |                     | 0   | 0.0            |                     | 55                      | 100.0 |

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Facility ID: 1711
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| Admissions, Discharges, and    |        | Percent Distribution | n of Residents' | Condit | ions, Services,          | and Activities as of 12,  | /31/03             |
|--------------------------------|--------|----------------------|-----------------|--------|--------------------------|---------------------------|--------------------|
| Deaths During Reporting Period |        |                      |                 |        | 0 Nandina                |                           |                    |
| Percent Admissions from:       |        | Activities of        | %               |        | % Needing<br>sistance of | % Totally                 | Total<br>Number of |
| Private Home/No Home Health    | 0.0    | Daily Living (ADL)   | Independent     | One    | Or Two Staff             | Dependent                 | Residents          |
| Private Home/With Home Health  | 0.0    | Bathing              | 20.0            |        | 50.9                     | 29.1                      | 55                 |
| Other Nursing Homes            | 0.0    | Dressing             | 34.5            |        | 45.5                     | 20.0                      | 55                 |
| Acute Care Hospitals           | 0.0    | 3                    | 70.9            |        | 16.4                     | 12.7                      | 55                 |
| Psych. HospMR/DD Facilities    | 50.0 i | Toilet Use           | 43.6            |        | 36.4                     | 20.0                      | 55                 |
| ± ±                            | 0.0    | Eating               | 63.6            |        | 27.3                     | 9.1                       | 55                 |
| Other Locations                | 50.0   | *****                | *****           | *****  | *****                    | *****                     | *****              |
| Total Number of Admissions     | 8      | Continence           |                 | 용      | Special Treat            | ments                     | 용                  |
| Percent Discharges To:         | 1      | Indwelling Or Exter  | nal Catheter    | 0.0    | Receiving R              | espiratory Care           | 0.0                |
| Private Home/No Home Health    | 0.0    | Occ/Freq. Incontine  | nt of Bladder   | 87.3   | Receiving T              | racheostomy Care          | 0.0                |
| Private Home/With Home Health  | 0.0    | Occ/Freq. Incontine  | nt of Bowel     | 70.9   | Receiving S              | uctioning                 | 0.0                |
| Other Nursing Homes            | 13.3   | -                    |                 |        | Receiving O              | stomy Care                | 0.0                |
| Acute Care Hospitals           | 0.0    | Mobility             |                 |        | Receiving T              | ube Feeding               | 1.8                |
| Psych. HospMR/DD Facilities    | 13.3   | Physically Restrain  | ed              | 1.8    | Receiving M              | echanically Altered Diets | 45.5               |
| Rehabilitation Hospitals       | 0.0    |                      |                 |        |                          |                           |                    |
| Other Locations                | 46.7   | Skin Care            |                 |        | Other Residen            | t Characteristics         |                    |
| Deaths                         | 26.7   | With Pressure Sores  |                 | 0.0    | Have Advanc              | e Directives              | 100.0              |
| Total Number of Discharges     | į      | With Rashes          |                 | 0.0    | Medications              |                           |                    |
| (Including Deaths)             | 15     |                      |                 |        | Receiving P              | sychoactive Drugs         | 78.2               |

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

|  | This<br>Facility |      | FDD<br>cilities | All<br>Facilties |       |  |
|--|------------------|------|-----------------|------------------|-------|--|
|  | %                | %    | Ratio           | 90               | Ratio |  |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 97.3             | 89.6 | 1.09            | 87.4             | 1.11  |  |
| Current Residents from In-County                     | 81.8             | 33.5 | 2.44            | 76.7             | 1.07  |  |
| Admissions from In-County, Still Residing            | 37.5             | 11.3 | 3.32            | 19.6             | 1.91  |  |
| Admissions/Average Daily Census                      | 13.8             | 21.3 | 0.65            | 141.3            | 0.10  |  |
| Discharges/Average Daily Census                      | 25.9             | 25.0 | 1.03            | 142.5            | 0.18  |  |
| Discharges To Private Residence/Average Daily Census | 0.0              | 11.4 | 0.00            | 61.6             | 0.00  |  |
| Residents Receiving Skilled Care                     | 0.0              | 0.0  | 0.00            | 88.1             | 0.00  |  |
| Residents Aged 65 and Older                          | 10.9             | 15.3 | 0.71            | 87.8             | 0.12  |  |
| Title 19 (Medicaid) Funded Residents                 | 100.0            | 99.3 | 1.01            | 65.9             | 1.52  |  |
| Private Pay Funded Residents                         | 0.0              | 0.5  | 0.00            | 21.0             | 0.00  |  |
| Developmentally Disabled Residents                   | 100.0            | 99.4 | 1.01            | 6.5              | 15.40 |  |
| Mentally Ill Residents                               | 0.0              | 0.3  | 0.00            | 33.6             | 0.00  |  |
| General Medical Service Residents                    | 0.0              | 0.3  | 0.00            | 20.6             | 0.00  |  |
| Impaired ADL (Mean) *                                | 36.4             | 53.1 | 0.68            | 49.4             | 0.74  |  |
| Psychological Problems                               | 78.2             | 50.1 | 1.56            | 57.4             | 1.36  |  |
| Nursing Care Required (Mean) *                       | 5.9              | 11.0 | 0.53            | 7.3              | 0.81  |  |

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